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Agenda

- History of Dialysis Facility Compare star ratings
- The first year of star ratings
- Findings from the Technical Expert Panel
- Maintenance and updates to star ratings
- Future updates of Dialysis Facility Compare and star ratings

First Year of Star Ratings

Date	Activity
June 18, 2014	Star ratings announced for CMS Compare websites as response to calls for increased sharing of information and more effective public reporting
July 7, 2014	National Provider Call to present DFC star rating methodology
August, 2014	Subsequent to National Provider Call, consumer testing with focus group collected feedback on website display and content
September 9, 2014	Announced delay of star ratings release from October 2014 to January 2015 to address stakeholder feedback from July 2014 National Provider Call
October 6, 2014	Special Open Door Forum to answer questions about DFC star ratings
December, 2014	Consumer testing completed in response to feedback raised during October 6, 2014 Special Open Door Forum to assess potential confusion between DFC star ratings and the QIP

The First Year of Star Ratings, contd.

Date	Activity
January 15, 2015	Star ratings released on Dialysis Facility Compare
February 2, 2015	Special Open Door Forum with consumer focus
April 1, 2015	Consumer-focused video posted on Dialysis Facility Compare
April 27-28, 2015	Technical Expert Panel* reviewed and evaluated star rating methodology and website display of star ratings. Two workgroups: 1. Methodology 2. Public Reporting/Patient and Consumer Understanding Workgroup
August 21, 2015	Call with Technical Expert Panel to discuss report from April, 2015 meeting
October, 2015	Dialysis Facility Compare data refresh

*Full report of Technical Expert Panel can be found here

Quality Measures Used in Calculation of Star Ratings:

- Standardized Transfusion Ratio (STrR)
- Standardized Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis
- Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis
- Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis
- Percentage of adult dialysis patients who had hypercalcemia
- Percentage of adult dialysis patients who received treatment through arteriovenous (AV) fistula
- Percentage of adult patients who had a catheter left in vein longer than 90 days for their regular hemodialysis treatment

NOTE: URR and Hemoglobin measures currently reported on DFC were not included in the star rating calculation because they were considered topped out (national averages are 99% and < 1% respectively).

Description of Current Rating Methodology

- Several steps to calculating measure scores and final scores
- Combined 3 dialysis adequacy quality measures into a single measure value, weighted average of 3 individual measures
  - Adequacy as measured by Kt/V is reported on Dialysis Facility Compare separately for three groups of patients (children on HD, adults on HD, adults on PD)
- Transformed raw measure values to make each value directly comparable in scale (0-100), distribution (normal), and directionality (higher values indicate better performance)
  - This is because some measures had different scales, or had many very high or low values
  - Transformation gave more facilities average versus extreme value

Description of Current Rating Methodology

- Factor analysis determined domains based on statistical association of measures
- Measures within domains equally weighted to give a domain score
    - Different weights of individual measures across domains avoids allowing any individual measure to count too heavily toward final score, e.g., if 4 related quality measures measure one aspect of care and 1 quality measure measures another aspect of care, a simple average of 5 quality measures would count the first aspect of care much more heavily than second
- Domains equally weighted to give each facility a final score
- Final star rating based on average values of quality measures in each domain

Description of Current Rating Methodology

- Factor analysis identified three domains of correlated quality measures based on January 2014 Dialysis Facility Compare data
- Domains labeled:
  - Standardized Outcomes (SHR, SMR, STrR)
  - Other Outcomes 1 (AV fistula, tunneled catheter>90 days)
  - Other Outcomes 2 (Kt/V, hypercalcemia)

Calculating Scores

- Domain Score: Average of the transformed measure values for that domain
    - If a facility is missing any measure in the domain, the median value of 50 is used for that measure in calculating the domain score
    - If a facility is missing values for all measures in the domain, the domain score is not calculated
        - Exception: PD-only facilities because Other Outcomes 1 (AV fistula, tunneled catheter) domain not relevant for PD only facilities

- Final Score: Average of domain scores
    - PD-only facilities: Average of two domain scores
    - Other facilities: Average of three domain scores
    - If facility is missing a domain score, the final score is not calculated and the facility does not receive a star rating

Assignment of Star Ratings

- Star ratings assigned according to the final scores:
  - Facilities with top 10% final scores assigned 5 stars
  - Facilities with the next 20% final scores assigned 4 stars
  - Facilities with middle 40% of final scores assigned 3 stars
  - Facilities with the lowest 20% final scores assigned 2 stars
  - Facilities with bottom 10% final scores assigned 1 star

Technical Expert Panel

- CMS and UM-KECC held a Technical Expert Panel (TEP) in April 27-28, 2015.
- The TEP was organized into two workgroups: the Methodology Workgroup, and the Public Reporting/Patient and Consumer Understanding Workgroup.
- The TEP was tasked with providing recommendations to UM-KECC on the:
  - Star rating statistical methodology
  - Measures used in the star ratings (consider measures for retirement and future implementation)
  - Readability and presentation of the star ratings on the DFC website

Recommendations by Technical Expert Panel*

Methodology Workgroup	Public Reporting/Patient and Consumer Understanding Workgroup
Anchor stars in clinically meaningful terms: • Average score for each measure and domain reported for each star rating category • Show actual facility-level measures, associated percentiles, measures of uncertainty	Setting an established standard to assess performance in the star ratings is preferred over relative rankings when possible
Present information on uncertainty in ratings	Include multiple levels of standards or thresholds to indicate partial achievement of standard
Impute missing values in a more informative way • Use more facility level information to impute	Allow a facility to provide comments/ explanations of its star rating.
	Greater consistency across ESRD programs
	Addition of new measures: • Patient safety outcomes • Patient-reported outcomes (e.g., quality of life, patient-assessed quality of care). • Facility staff (e.g., staff training)
*Full report of Technical Expert Panel can be found here	Consumer testing of current measures in the star rating to assess relevance to consumers

Maintenance and updates to star ratings

- The second release of the star ratings will be posted on DFC on October 8, 2015. This release uses the current methodology, with more recent data.
- This methodology was upheld by the TEP Methodology workgroup.
- CMS will incorporate and consider TEP input and public comment in future iterations and releases of star ratings.

Measures for future inclusion on DFC

- Patient experience/patient reported outcomes (including quality of care, quality of life , whether patients experience cramping)
- Patient safety measures (such as injuries, falls, cleanliness)
- Facility staff (e.g., assessment of staff training/performance, promoting modality choice, staff responsiveness to patient concerns, adequate staffing)

The future of the DFC Star Ratings

- CMS and UM-KECC are continuing to consider the TEP recommendations, and will hold further discussions with both TEP workgroups regarding:
  - The use of thresholds
  - The cutpoints used to determine star ratings
  - The method for imputing missing data

- CMS is working with the Office of Communications to refine website display and content, per TEP recommendations

Public Comments

- We have built in time for questions about the star ratings at the conclusion of the entire presentation.
- Part 2 of the presentation is to discuss the broader DFC measure selection process
  - This part of the presentation is not limited to measures included in the star rating
  - Comments and questions will are also welcome as part of this broader discussion

Dialysis Facility Compare Measure Selection Process

DFC Measure Selection Process

- CMS is enhancing the process of adding measures to DFC by:
  - Increasing transparency in the process and selection criteria
  - Allowing for increased input from the community on candidate measures
  - Increase opportunity for the inclusion of externally developed measures on DFC

DFC Measure Selection Process

- Selection Criteria

- Retirement Criteria

- Selection Process

- Implementation

Measure Selection Criteria

- Individual National Quality Forum (NQF) criteria will be assessed
  - As usual, importance and scientific acceptability are primary concerns
  - Feasibility is also considered, and may cause delay in implementation

- Alignment with the National Quality Strategy

Measure Selection Criteria

- If national data are not immediately available, but the measure otherwise meets selection criteria:
  - CMS will meet with measure owner to address avenues for collecting the necessary data
  - If feasible, CMS will pursue that avenue, and the measure may be implemented when those data become available

Measure Retirement Criteria

- Measure becomes topped out
  - Statistically indistinguishable performance at 75th percentile (or 25th for measures where lower scores are better) and 90th percentile (or 10th percentile)
  - Truncated coefficient of variation (< .10)

- Unintended consequences leading to patient harm
- Measure ceases to meet NQF criteria
- Measure is superseded by a new measure (more broadly applicable or impactful)
- Measure does not align with clinical guidelines or practice

Measure Retirement Criteria

- Implementation is not feasible
- Improvement on measure does not improve patient outcomes

Selection and Implementation Process

- Additional measures have historically been added during the January quarterly release due to internal processes

- Moving forward, CMS intends to limit new measure releases to the October quarterly release
  - Aligns preview of data with the annual release of star ratings
  - Aligns with the refresh of annually calculated outcomes measures
  - Ensures a 30-day preview period for new measure data on DFC

Selection and Implementation Process

- National Provider Call – October 7th, 2015
    - Present Measures being considered for DFC in 2016
    - Begin Measure Submission Period – we are now accepting recommendations for measures to be implemented in October 2016 on DFC

- Measure Submission Deadline – December 4th, 2015

Selection and Implementation Process

- Measure Selection and Announcement – January 15, 2016
- Deadline for Access to Measure Data – Varies (Dependent on Specific Measure)
- Preview Period for New Measures – July 15 – August 15, 2016
- New Measures Posted on DFC – Mid-October 2016

Measures Considered for Dialysis Facility Compare October 2016 Rollout

- Bloodstream Infection in Hemodialysis Outpatients (NQF #1460)

- CAHPS (Consumer Assessment of Healthcare Providers) In-Center Hemodialysis Survey (NQF #0258)

- Ultrafiltration rate greater than 13 ml/kg/hr

- Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

Measures Considered for Dialysis Facility Compare October 2016 Rollout

Measure specifications for all four measures may be found at:

http://www.qualityforum.org/ProjectMeasures.aspx?projectID=78016

Submitting Comments and Measures for Consideration

- CMS is accepting comments through December 4th, 2015 on:
    - Measures currently under consideration
    - Additional measures for consideration

- At this time, CMS is considering these measures only for implementation on DFC, **NOT** for inclusion in the star ratings.

Measure Submission Requirements

- If you wish to submit a measure for consideration, you must provide:
- Complete measure specifications
- Clinical evidence supporting the use of the measure
- Measure testing data consistent with the requirements of the NQF
- We recommend using the NQF Measure Submission Form as a basis for any submitted measure
- Submitted measures will be considered based on the included information.

Question & Answer Session

Acronyms in this Presentation

- DFC – Dialysis Facility Compare
- STrR – Standardized Transfusion Ratio
- SMR – Standardized Mortality Ratio
- SHR – Standardized Hospitalization Ratio
- HD – Hemodialysis
- PD – Peritoneal dialysis
- AV – Arteriovenous
- TEP – Technical Expert Panel
- NQF – National Quality Forum
- ESRD – End-Stage Renal Disease
- QIP – Quality Incentive Program
- CAHPS – Consumer Assessment of Healthcare Providers

Resources

- Visit the Dialysis Facility Compare at: https://www.medicare.gov/dialysisfacilitycompare/

- DFC Preview Reports as well as Technical Documentation are available at: https://dialysisdata.org/

- If you have questions on the Star Rating System methodology please contact UM-KECC directly at: DialysisData@umich.edu

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